



STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION – DIVISION OF MOTOR VEHICLES  
**VOLUNTARY IGNITION INTERLOCK PROGRAM APPLICATION**

Application Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Name	Date of Birth
Address	DE Driver License #      Expire Date:
City      State      Zip	Phone: Day      Night

**VEHICLE INFORMATION:**

Vehicle Identification Number (VIN):		
Make	Model	Year
Vehicle Registration (Tag) Number (ATTACH COPY OF REGISTRATION CARD)		Expiration Date
Owners Name	Co-Owners Name	
Address if different than above	City	State      Zip

***This is to certify that I/we give permission for the applicant to drive the above listed Vehicle and to have the Ignition Interlock Device installed on the vehicle.***

\_\_\_\_\_  
Signature of Vehicle Owner      Date      Signature of Co-owner      Date

\_\_\_\_\_  
DMV Witness or Notary Signature      Date      DMV Witness or Notary Signature      Date

**The signature(s) of all vehicle owners must be signed on this application.**

**Proof of insurance MUST be shown at time application is completed and copy attached to application.**

**A letter from the insurance agent is needed if the applicant's name is not on the policy that the applicant will be insured on the Policy and is authorized to drive the above listed vehicle.**

**IID SERVICE PROVIDER SELECTION - REQUIRED**

**Please select one of the service providers listed below to provide your interlock device service. Applications will NOT be processed until a service provider is selected.**

<input type="checkbox"/> <b>DRAEGER IGNITION INTERLOCK GROUP</b> 1-800-332-6858 – Installation: \$70.00 – Monthly Rental \$75.00 \$30.00 refundable deposit is required at time of installation.	<input type="checkbox"/> <b>NATIONAL INTERLOCK LIFESAVER SYSTEMS</b> 1-800-374-5760 – Installation: \$70.00 – Monthly Rental \$75.00 \$30.00 refundable deposit is required at time of installation.
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*I certify that I have met the requirements specified in 21 Del. C. §4177 F including enrollment in an alcohol education and/or treatment program. I further certify that I have received a copy of the Conditions of Participation specified in 21 Del. C. § 4177 F (h). I will abide by these conditions and understand that failure to abide by these conditions will result in termination from the program and loss of all driving privileges for the complete duration of the revocation period. I understand that I am not eligible for an IID license if I have participated in an IID program within the last 5 years.*

\_\_\_\_\_  
Signature of Applicant      Date      DMV Witness or Notary Signature      Date

**STAFF INSTRUCTIONS: Submit this completed application along with valid insurance documentation and current registration card to the Dover Administration Office to be approved for installation of the Ignition Interlock Device. ALL signatures must be notarized or witnessed by a Division staff member.**

**OFFICE USE ONLY:** Program: OD PC PT TH Enroll Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CBR: ☐ Yes ☐ No ☐ Not Needed



STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES  
**IGNITION INTERLOCK PROGRAM**  
**Participant Requirements**

The Ignition Interlock Device (IID) Program is authorized by 21 Del. C. §4177 F. The following are conditions of the program as specified in 21 Del. C. §4177 F (h). Each participant is required to abide by these conditions through the duration of the program.

A participant shall be disqualified from further participation in the IID program for failure to comply with any of the following:

1. The participant shall abide by the terms of the offender's lease with the service provider as approved by the Division of Motor Vehicles.
2. The participant shall be driven to the service provider by a licensed driver for installation of the IID equipment.
3. The participant shall not operate a vehicle without an approved device, nor shall the participant operate a vehicle without being in possession of the specially marked IID license.
4. The participant shall comply with Division of Motor Vehicle regulations concerning IID license restrictions.
5. The participant shall not attempt, nor allow or cause an attempt to bypass, tamper with, disable or remove the IID or its wires in connection.
6. The participant shall not cause nor allow another individual to bypass or attempt to bypass the device.
7. The participant shall not attempt to operate a motor vehicle while under the influence of any amount of alcohol.
8. The participant shall not fail to or refuse to take random re-test provided by the device.
9. The participant shall not violate any section of this title relating to the use, possession or consumption of alcohol, or intoxicating substances.
10. The participant shall not fail to pay any and all fines whatsoever assessed during participation in the program pursuant to this title.
11. The participant shall accumulate no more than 5 points per year while participating in the program.
12. The participant shall continue to meet all eligibility criteria identified in subsection (d) of this section, and specifically, shall successfully complete the course of instruction and/or program of rehabilitation referred to in item (2) of subsection (d) of this section.
13. The participant shall provide satisfactory proof to the Division of Motor Vehicles that an approved IID has been installed.
14. The participant shall comply with any participation regulations implemented by the Division of Motor Vehicles pursuant to this paragraph.
15. **The participant will receive written confirmation for approval of the ignition interlock device. The device shall not be installed without prior approval from this Division.**

Non-compliance with the above listed requirements will automatically disqualify participant from program. Non-compliance may also include: Failure to keep scheduled monitoring appointments, repeated lockouts, unauthorized power disconnects, failure to respond to Division inquiries into program participation, and failure to maintain valid insurance coverage on the vehicle.

*I certify that I have read the Conditions of Participation above, specified in 21 Del. C. § 4177 F (h). I will abide by these conditions and understand that failure to abide by these conditions will result in termination from the program and loss of all driving privileges for the complete duration of the revocation period.*

\_\_\_\_\_  
Signature of Offender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Division of Motor Vehicles Personnel

\_\_\_\_\_  
Date